

## TOUR DE JEFF MOONLIGHT BIKE RIDE REGISTRATION FORM

### Parent(s) / Guardian(s) Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(emergency contact) \_\_\_\_\_

Email address: \_\_\_\_\_

First Participant:      Name: \_\_\_\_\_ Age: \_\_\_\_\_

Second Participant:    Name: \_\_\_\_\_ Age: \_\_\_\_\_

Third Participant:      Name: \_\_\_\_\_ Age: \_\_\_\_\_

The undersigned releases the Jefferson City Parks and Recreation Commission, the Jefferson City Department of Parks and Recreation and its staff, the City of Jefferson, and activity co-sponsors from all liability which may arise from participation of the above named person(s) in the program listed and holds them harmless from such from such liability. The Department of Parks and Recreation has my permission, both during and anytime after to use the likeness, name, voice, or words of the participant in either television, radio, film, newspaper, and other media, and in any form for the purpose of advertising or communicating the purposes and activities of the Department of Parks and Recreation.

Participant (if 18 or older) \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_